

Cloget S. Bullington

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

9-12

Age

3 4 2

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

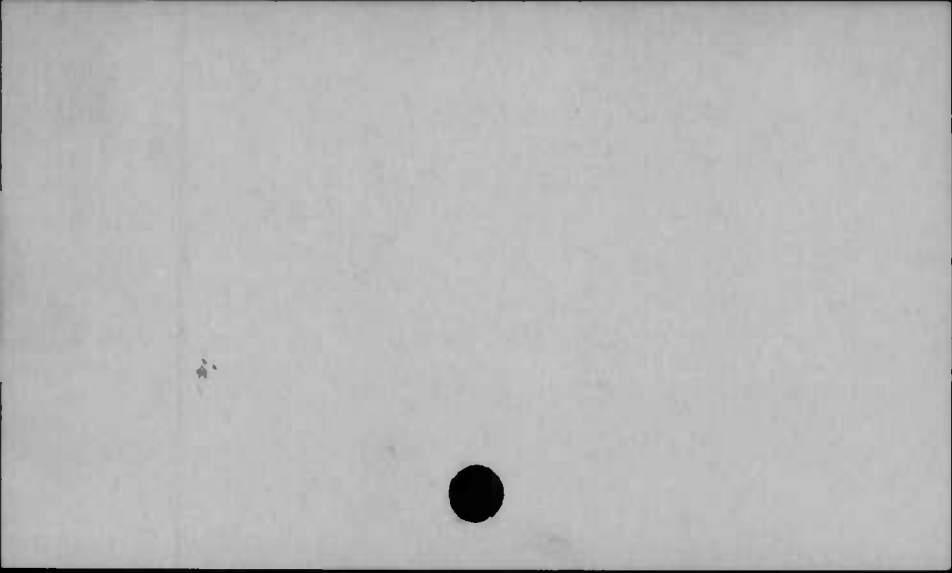
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rennie Louisa Curling

Town

County

Died at *New Orleans*

St. Louis

MARYLAND

Date 189 *8* Month *Sept* Day *24* Age *5-4* Y. M. D. Native of *Massachusetts* Occupation *—*

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *3*

Husband of *—*
 Wife

Father's Name *Christopher S. Curling* Mother's Name *Idea S. Whorrel*

Cause of Death { Primary *Dysentery* 89 How long sick *5 days*
 Immediate Accident, Suicide, Homicide

Reported by *M. C. Huntang*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Newton Frazee

Town

County

Asheville

Gaston

MARYLAND

Died at

Date 189

8

Month

Day

Sept 29

Y.

M.

D.

Age

27 10 28

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

5 months

Accident, Suicide, Homicide

Reported by

Mountain Democrat Oakland Oct. 6th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

Certificate of Death

Willie Reproad

Town

County

MARYLAND

Died at Deer Park

Garrett

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9-4

Age

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

John Reproad

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Garrett Journal
Oakland 9-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Isaac A. Rinker

Town

County

Died at

near Wilson's Mills Garrett

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. - 25 -

Age

33

Ind

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

~~Wife~~

Father's

Mother's

Name

Name

Kitzmiller 74
Nicolas Rinker Not known

Cause of

Primary

Bilious remittent -

How long sick

8 da

Death

Immediate

Congestion lungs

~~Accident, Suicide, Homicide~~

Reported by

J. D. Newman Ind

Address

Oakland Garrett Co Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Franklin Sanders

Town

County

Garrett

MARYLAND

Died at

Crellin

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9-

8

Age

6

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Emmel Sanders

Mother's

Name

Cause of

Primary

Drowning 148

How long sick

Death

Immediate

Accident, Suicide, Homicide

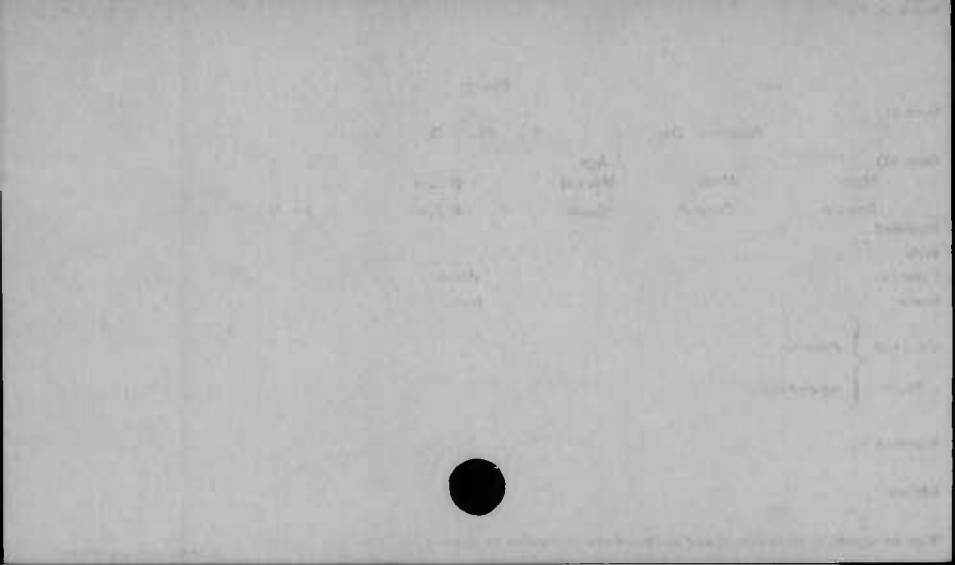
Reported by

Mountain Democrat (Cokland)

Address

Sept. 17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sanner

Town

County

Died at

Deer Park

Harriet

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Sept

30

Age

19

Virginia

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Charles J Sanner

Name

Lottie S Jones

Cause of

Primary

Congenital Syphilis 24

How long sick

19 days

Death

Immediate

intestinal hemorrhage

Accident, Suicide, Homicide

Reported by

J.W. Sanger

Address

Deer Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

